

3 FAH-1 H-3630

COMPENSATION FOR INJURY, DISABILITY, OR DEATH

(CT:POH-162; 06-24-2014)
(Office of Origin: HR/ER/WLD)

3 FAH-1 H-3631 DEFINITIONS

(CT:POH-152; 02-28-2012)

(State Only)

*(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff
(LE Staff))*

5 U.S.C. 8101 contains definitions of most used terms in this subchapter.

3 FAH-1 H-3632 FORMS USED

(CT:POH-162; 06-24-2014)

(State Only)

*(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff
(LE Staff))*

FORM	TITLE
CA-1	Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
CA-2	Notice of Occupational Disease and Claim for Compensation
CA-2a	Notice of Recurrence
CA-3	Report of Termination of Disability and/or Payment
CA-5	Claim for Compensation by Widow, Widower, and/or Children
CA-5-B	<i>Claim for Compensation by Parents, Brothers, Sisters, Grandparents,</i>

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	<i>Grandchildren (or other Personal Representatives)</i>
CA-7	Claim for Compensation (Form CA-7 replaces all prior versions of <i>Forms</i> CA-7 and CA-8: see Federal Employees' Compensation Act (FECA) Bulletin No. 99-18)
<i>CA-7-B</i>	Leave Buy-Back (LBB) Worksheet/Certification and Election
CA-16	Authorization for Examination and/or Treatment (form access not available on <i>DOL's website</i> ; contact employing agency)
CA-17	Duty Status Report
CA-20	Attending Physician's Report
<i>CA-40</i>	<i>FECA Designation of a Recipient of the Death Gratuity Payment under Section 1105 of Public Law 110-181</i>
OWCP-1500	Health Insurance Claim Form (medical billing Form for FECA applicants)
CA-915 <i>or</i> OWCP-915	Claimant Medical Reimbursement Form
OWCP-957	<i>Medical Travel Refund Request</i>

3 FAH-1 H-3633 BENEFITS FOR EMPLOYEES

(CT:POH-152; 02-28-2012)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

The Federal Employees' Compensation Act (FECA) is a law that provides benefits for civilian employees of the United States who have suffered work-related injuries or occupational diseases. These benefits include payment of medical expenses and compensation for wage loss. The FECA also provides for payment of benefits to dependents of employees who die from work-related injuries or diseases. The FECA provides vocational rehabilitation services to partially disabled employees, and compensation for the permanent loss or loss of use of specified members,

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functions, and organs of the body. Employees who fully or partially recover from their injuries are expected to return to work.

3 FAH-1 H-3633.1 Medical Services and Other Related Benefits

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. An employee is entitled to medical coverage for the effects of any injury provided that the Department of Labor's Office of Workers' Compensation Programs (OWCP) accepts that the injury was sustained in the performance of duty or occurred in the workplace. An employee may receive authorized treatment from the following medical providers as long as the treatment is signed, co-signed, or certified by a doctor:
 - (1) A government medical facility;
 - (2) A private physician if a government medical facility is not available; or
 - (3) If overseas, a nurse practitioner or physician's assistant may provide treatment from a State Department medical facility designated by an appropriate management official; however, the medical documentation must be co-signed by a doctor before OWCP will accept it.
- b. For emergency first aid or medical treatment, any duly qualified physician (as defined in 5 U.S.C. 8101) may be used and the Form CA-16, Authorization for Examination and/or Treatment, from the employing agency should be completed to ensure OWCP medical coverage for up to 60 days, if the claim is approved.
- c. For an injury sustained by an employee while in the performance of duty, regardless of whether disability has arisen, payments will be made for reasonable medical, surgical, and hospital services, supplies, and appliances upon recommendation of physician, and upkeep thereon upon request of the injured employee. Payments may be made for necessary transportation and other expenses associated with such services, appliances, and supplies.
- d. If there is a recurrence of disability or illness more than 6 months after final action on a case by the OWCP, to receive further treatment at U.S. *government* expense, the employee must apply to the OWCP to obtain authorization for treatment. This may be done by letter, telegram, or telephone call by the treating physician. In the event of such recurrence, the employee must submit Form CA-2-A, Notice of Recurrence, with supporting medical documentation.

3 FAH-1 H-3633.2 Financial Benefits

(CT:POH-162; 06-24-2014)

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(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. Computation of compensation: Any loss of pay or wage earning capacity due to disability from a work injury entitles an employee to monetary compensation. If the employee dies, the eligible dependent(s), as described in 5 U.S.C. 8133, is entitled to compensation.
- b. Leave status of employee: The injured employee may elect to use annual or sick leave, or to go on leave without pay (LWOP) and make an immediate claim for compensation by filing Form CA-7, Claim for Compensation, along with a time analysis sheet, allowing at least 2 weeks for the Department of Labor's Office of Workers' Compensation Programs to process.
- c. Commencement and duration of payments: Compensation for loss of earnings due to total disability begins only after the employee's pay stops. Compensation based on a scheduled award or for partial disability may be paid although the employee is working.
- d. Transportation expenses: Transportation expenses incident to securing treatment may be reimbursed under the provisions of 5 U.S.C. 8103(a)(3).

3 FAH-1 H-3633.3 Degree of Disability

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(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

The determination as to the degree of disability will be made under the provisions of the Federal Employees' Compensation Act (*FECA*), administered by the Department of Labor.

3 FAH-1 H-3633.4 Compensation and Reports in Case of Death

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. Compensation and death benefits will be paid as prescribed in 5 U.S.C. 8133 and 5 U.S.C. 8134.
- b. *For eligibility and payment information under FECA Sections 413, 415 and 416*

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of the Foreign Service Act of 1980, as amended, refer to 3 FAM 3653.

- c.* When an employee dies as a result of an on-the-job injury, an eligible dependent or the dependent's authorized representative must file a claim for compensation and death benefits with the Department of Labor's Office of Workers' Compensation Programs (OWCP) within 1 year after death by submission of Form CA-5, Claim for Compensation by Widow, Widower, and/or Children, along with certified copies of *supporting documents required by that (Form or Form CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren)*. OWCP will also reimburse the personal representative of the deceased up to \$800, with the submission of itemized receipts, for funeral and burial expenses under 5 U.S.C. 8134(1) and \$200 for administrative costs associated with termination of federal employment under 5 U.S.C. 8133(f).
- d.* If the deceased was a veteran of the United States military or naval services, *information* should also be provided concerning the organization, period of service, service number, and Veterans Administration claim number if known.
- e.* Under Public Law 104-208 (the Omnibus Consolidated Appropriations Act of 1997), federal agency heads are authorized to make a death gratuity payment of up to \$10,000 to the personal representative of a civilian employee whose death results from an injury sustained in the line of duty on or after August 2, 1990. The amount of the payment under this authority must be reduced by: (1) \$200, if benefits were previously paid for administrative costs associated with termination of federal employment under 5 U.S.C. 8133(f); and (2) up to \$800, if benefits were previously paid for funeral and burial expenses under 5 U.S.C. 8134(a).
- f.* OWCP is authorized to pay a death gratuity of up to a maximum of \$100,000 (reduced by the amount of any death gratuity provided under Section 413 of the Foreign Service Act of 1980, as amended Section 1603 of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Hurricane Recovery, 2006, or any other law of the United States based on the same death).

3 FAH-1 H-3634 REPORTING JOB-INCURRED ILLNESS OR INJURY

3 FAH-1 H-3634.1 Reporting Requirements

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

An employee who has suffered a job-incurred injury or illness (Form CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, or Form CA-2, Notice of Occupational Disease and Claim for Compensation, respectively) should report it to his or her immediate supervisor who will assist the employee in obtaining emergency medical treatment and Form CA-16, Authorization for Examination and/or Treatment, if required which must be issued by the employing agency, and in the preparation of the initial claim forms for the formal written notice of injury. Even minor injuries should be reported as they can result at a later date in more serious illnesses. Supporting medical documentation is required within 10 work days for claims acceptance.

3 FAH-1 H-3634.2 Filing Notice of Injury within 48 Hours

(CT:POH-162; 06-24-2014)

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(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. The injured employee or someone acting on the employee's behalf should submit Form CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, to the employee's immediate supervisor within 48 hours of injury or beginning of illness for transmission to the Department of Labor's Office of Workers' Compensation Programs (OWCP) (see section 3 FAH-1 H-3636.2). This is the basis for adjudicating any claim, which is presented later to the OWCP. For reasonable cause, the Secretary of Labor may accept a notice of injury filed later than 48 hours after injury, if the notice is filed within 3 years and a reasonable explanation for the delay is given.
- b. When the injury or illness occurs while the employee is in official travel status, such as temporary duty (TDY), a copy of the employee's travel authorization and a statement signed by both employee and immediate supervisor should be submitted with Form CA-1. The statement should show the points between which the employee was traveling when injured, purpose of trip, time and place where the employee last performed official duty, time and place where the employee would next have performed official duty if the employee had not been injured, and full explanation for any deviation from the authorized or direct route of travel.

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3 FAH-1 H-3634.3 Filing of Claim for Compensation

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(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. When an employee has a specific claim for partial or total disability compensation, the employee submits a completed Form CA-7, Claim for Compensation, through the employee's immediate supervisor to the bureau's workers' compensation specialist for transmission to the Department of Labor's Office of Workers' Compensation Programs (OWCP). Form CA-7 should be filed with the OWCP 14 days after pay stops, or when disability terminates if the pay loss is less than 14 days. Form CA-7 should be completed by the injured employee and immediate supervisor. The Form CA-20, Attending Physician's Report (which is attached to the Form CA-7), should be completed by the employee's physician.
- b. The employee should submit itemized bills for claim reimbursement for authorized medical *expenses* on *Form* OWCP-915-915, Claimant Medical Reimbursement Form. To claim reimbursement for travel expenses incurred incident to treatment, a *Form* OWCP-957-957, Medical Travel Refund Request, should be completed. Both *forms* should be submitted with receipts, if applicable, to:

U.S. Department of Labor
DFEC Central Mailroom
P.O. Box 8300
London, KY 40742-8300

(Mailroom: DO NOT OPEN)

3 FAH-1 H-3634.4 Filing of Claim for Continued Compensation

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff) and WAEs)

The employee is to submit Form CA-7, Claim for Compensation (see section 3 FAH-1 H-3636.2), at the close of each pay period to the Department of Labor's Office of Workers' Compensation Programs (OWCP), or until the employee is notified by OWCP that further submission is no longer necessary.

3 FAH-1 H-3635 SUPERVISORY PROCEDURES

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(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

Immediate supervisors and other administrative personnel are responsible for assuring that:

- (1) Required emergency treatment is provided to the injured employee (*Form CA-16, Authorization for Examination and/or Treatment*; must be issued by the employing agency);
- (2) The injured employee is aware of his or her full rights under 5 U.S.C. 8101 - 5 U.S.C. 8150 and the procedures to obtain benefits;
- (3) Supervisors understand and carry out their responsibilities under these regulations and provide the Workers' Compensation Preparedness Kit for traumatic injuries or Workers' Compensation Kit – Fatal Claims for fatalities;
- (4) *The employee is aware of preferred option to file claim forms electronically. Exception: manual claim forms shall be completed and filed by the employee at post or by bureau;*
- (5) An adequate supply of OWCP forms *are* available; *and*
- (6) *The injured employee is aware of agency intranet website guidance for filing electronic claim forms for workers' compensation benefits.*

Normally, the regional bureau executive office, or, if abroad, the personnel or management officer is responsible for carrying out these functions. However, if a Department of State facility is not serviced by an on-site personnel or management officer, these functions are the responsibility of the officer in charge.

3 FAH-1 H-3635.1 Report of Injury

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. The immediate supervisor of an injured employee is responsible for asking probing questions, investigating the cause of injury to the employee, and ensuring page 2 of Form CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, is completed (see section 3 FAH-1 H-3636.2) for the Department of Labor's Office of Workers' Compensation Programs (OWCP) processing when the injury is likely to:
 - (1) Result in a medical claim against the OWCP;
 - (2) Result in disability for work beyond the day of injury;
 - (3) Require prolonged treatment;

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- (4) Result in future disability; and
 - (5) Result in permanent disability.
- b. If any witnesses were present at the time of injury, the immediate supervisor should obtain signed statements from them. These statements should be noted on the first page of Form CA-1.

3 FAH-1 H-3635.2 Report of Termination of Disability

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

If total or partial disability terminates and the employee returns to work, or if death occurs, the immediate supervisor is to complete the appropriate section of Form CA-3, Report of Termination of Disability and/or Payment, in duplicate (see 3 FAH-1 H-3636.2). Form CA-3 need not be completed if the employee's return to duty has been reported on for *Form* CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.

3 FAH-1 H-3636 BUREAU AND POST PROCEDURES TO TRANSMIT AND RETAIN FORMS

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. Domestically the workers' compensation *Human Resources (HR) coordinator serves as the employee's point of contact (POC) and is* located in each bureau's executive office is responsible for forwarding all forms and medical reports to the Department of Labor. Overseas this function is performed by the administrative/*HR* officer at *post's HR section*.
- b. Whenever forms are transmitted to the Department of Labor's Office of Workers' Compensation, the bureau or post retains a copy of all documents for 3 years after the case is closed for possible reference in connection with a claim.

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3 FAH-1 H-3636.1 Claims for Compensation

(CT:POH-162; 06-24-2014)

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(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. If the injury results in a claim for compensation by the employee, the immediate supervisor, or other appropriate officer completes the "Official Supervisor Report" on Form CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, and the "Statement of Official Superior" on Form CA-7, Claim for Compensation. In each instance, the person completing the form is required to ensure that the agency or the overseas establishment are clearly identified by completing the agency address block and inserting the appropriate agency code on the Form CA-1.
- b. The following is a list of appropriate agency codes used to identify Department of State claims:

<i>DOMESTIC OFFICES</i>	<i>CODE</i>
AF(domestic)	1308-00
AF (overseas)	1314-AF
EAP (domestic)	1306-00
EAP (overseas)	1314-EA
EUR (domestic)	1305-00
EUR (overseas)	1314-EU
NEA (domestic)	1307-00
NEA (overseas)	1314-NE
SCA (domestic)	1340-00
SCA (overseas)	1314-SA
WHA (domestic)	1339-00
WHA (overseas)	1314-WH
A	1302-00
AC/VC	1335-00

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CA	1311-00
DS	1315-00
ECA/IIP	1323-00
EB	1310-00
FSI	1324-00
H	1327-00
HR	1302-00
INL	1329-00
INR	1312-00
IRM	1317-00
IO	1309-00
L	1322-00
MED	1330-00
NP	1337-00
OBO	1302-00
OES/DRL	1332-00
OIG	1303-00
PA	1313-00
PRM	1333-00
RP	1334-00
S/CPR	1300-00
S/S	1300-00
S/CRC	1302-CR

3 FAH-1 H-3636.2 Transmission of Documents to the

Office of Workers' Compensation (OWCP)

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. Domestic claim forms filed from the Washington Metropolitan area are sent *electronically by an agency's electronic claim filing system or only by fax in hard copy, if required*, to:

*U.S. Department of Labor, OWCP/DFEC
400 West Bay Street, Room 827
OWCP Central Case Create Unit
Jacksonville, FL 32202*

Fax: 904-366-0108

- b. *If faxed to OWCP's Jacksonville District Office, a copy must be forwarded to:*

*HR/ER/WLD
Room H-236, SA-1*

Fax: 202-261-8176

- c. For fraud and abuse prevention, send domestic claims to:

*OIG/INV
U.S. Department of State
Washington, DC 20522-0602*

Fax: 703-284-1955

- d. *Form CA-16, Authorization for Examination and/or Treatment for emergency medical treatment needs within 48 hours or Form CA-20, Attending Physician's Report for non-medical emergencies should be provided to a medical provider or hospital for completion and submission to OWCP by fax or mail. Consult with agency intranet website or www.dol.gov for current contact information.*

- e. Accidents, injuries and occupational illnesses require Form DS-1663, Report of Mishap. Filing instructions for overseas and domestic injuries are on the reverse side of the form *to ensure Office of Safety and Health Administration 301 reporting requirement is met.*

- f. The workers' compensation *Human Resources (HR)* coordinator located in each bureau's executive office and the administrative *or HR* officer at post *are* responsible for reviewing the forms for technical accuracy to ensure they are properly completed and that the agency address is completed with the correct *bureau/agency code on the Supervisor's Report (claim form).*

NOTE: In addition to Form CA-1, Federal Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, accident reporting and investigations must be performed in accordance with 15 FAM 964.4, paragraph d. All occupational

injuries or illnesses must also be reported on Form DS-1663, Report of Mishap, to the Safety Office, A/OPR/SHEM, Room 1042, SA-1.

3 FAH-1 H-3637 MISCELLANEOUS PROCEDURAL MATTERS

3 FAM 3637.1 Liability Claims Against the U.S. Government

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

An employee of the U.S. *government* who suffers a work-connected disability has no right of action against the U.S. *government* for the effects of injury other than the benefits the employee may receive under the provisions of 5 U.S.C. 8101 – 5 U.S.C. 8150. It is the employee's sole recourse for compensation. This does not, however, prevent the employee from electing to receive a disability annuity, if eligible, under the Civil Service or Foreign Service retirement systems. The employee may also be eligible for benefits from more than one agency; the employee should contact the Department of Labor's Office of Workers' Compensation Programs (OWCP) and determine whether receipt of benefits from more than one agency is prohibited by law. The employee should obtain information through the bureau executive office or post personnel/administrative office as to the extent of benefits. An employee may receive any benefits allowed from private insurance concurrently with OWCP benefits.

3 FAH-1 H-3637.2 Injury Caused by a Third Party

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

If injury is caused to an employee by a third party under circumstances causing legal liability of such persons for damages, the Department of Labor's Office of Workers' Compensation Programs (OWCP) can require the employee to assign to the U.S. *government* right of action against such persons or rights to prosecute the third party. If damages recovered are in excess of benefits paid by OWCP, the excess is retained by the employee.

3 FAH-1 H-3637.3 Request for Reconsideration or Appeal

(CT:POH-152; 02-28-2012)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. Employees whose claim is initially denied may request reconsideration, or appeal the final decision of the Department of Labor's Office of Workers' Compensation Programs (OWCP). Requests for reconsideration must be made within 1 year of the date of the contested decision. New evidence may also be submitted with a request for reconsideration.
- b. A claimant may ask the Department of Labor's Employee Compensation Appeals Board (ECAB) to review a final decision made by the OWCP. To file an appeal, the claimant should write to:

Employees' Compensation Appeals Board
200 Constitution Avenue, Room N-4411
U.S. Department of Labor
Washington, DC 20210
- c. No new evidence may be filed with an appeal since the ECAB review is based solely on the case record before OWCP when the decision was made.
- d. To request any appeal option, the claimant should read the appeal instructions carefully and specify one of the procedure options. After completing the Appeal Request Form, the claimant should send it and the supporting materials to the appropriate mailing address provided on the form. Each appeal option follows:
 - Oral Hearing
 - Review of the Written Record
 - Reconsideration
 - ECAB Appeal

3 FAH-1 H-3637.4 Case Status Inquiries

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. Domestically, the workers' compensation contact located in bureau executive office may follow up on behalf of the *bureau* employee in regard to inquiries on the status of his or her claim *due to a decentralized OWCP program*. Overseas, the administrative *or human resources* officers may follow-up with the Department of Labor on behalf of both American employees and Foreign

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Service nationals. Each bureau coordinator has access to the Agency Query System (AQS) and the Employees' Compensation Operations and Management Portal (ECOMP) databases at the Department of Labor to research each employee's case summary status.

- b. In the event administrative or *human resources* officers are unable to contact the *claims* examiner assigned *at OWCP* to a specific case, they are instructed to work with the *bureau* workers' compensation coordinator located in the executive office of the geographic bureau. The *six* regional bureaus are responsible for follow-up on case inquiries in the event that the post is unable to obtain information from the Department of Labor's Office of Workers' Compensation Programs (OWCP).
- c. Posts wishing *to contact OWCP in writing may do so by fax. Refer to DOL's website for current OWCP District Office's contact and fax information or refer to the agency provided contact information and intranet website guidance.*

3 FAH-1 H-3637.5 Bureau Procedures for Cost Controls and Reconciliation of Chargeback Report

(CT:POH-162; 06-24-2014)

(State Only)

(Applies to Foreign Service and Civil Service and Eligible Locally Employed Staff (LE Staff))

- a. To contain costs of the Department of Labor's Office of Workers' Compensation Programs (OWCP), each bureau coordinator or alternate bureau representative is required to attend quarterly meetings held by the Bureau of Human Resources (HR) to receive the most current quarterly OWCP Chargeback Report for their *bureau's* cases. OWCP's Chargeback Fiscal Year begins on July 1 and ends June 30. The quarterly Chargeback Period begins on July 1, October 1, January 1, and April 1. On a regular basis, each bureau coordinator should access HR's internal database of employee information for reports and other case management analysis to reduce workers' compensation costs as appropriate.
- b. Each bureau coordinator must reconcile the quarterly bureau Chargeback Report with an internal spreadsheet of claims filed by bureau staff, ensuring that filed claims are reflected in the report and following up with the employee to ensure that billed medical expenses are valid and claims for continuation of pay (COP) and OWCP wage loss are supported by valid medical documentation.
- c. Bureau coordinators must inform timekeepers and supervisors to record all medically supported COP absences *in the first 45 calendar days beginning the date after injury* as workers' compensation *administrative leave* absences *paid by the employing agency*.
- d. Bureau coordinators must inform timekeepers and supervisors when OWCP approves Form CA-7, Claim for Compensation, claims for wage loss or a loss in

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wage earnings so the employee is placed on LWOP to avoid dual compensation. Employees who choose paid sick or annual leave for work-related medical absences must be allowed to apply for Leave Buy Back using Form CA-7-B, *Leave Buy-Back Worksheet/Certification and Election*.

- e. Bureau coordinators must work with supervisors to address personnel issues promptly that may contribute to abuse of the system and high chargeback costs, and encourage staff to report suspicious incidents to the Office of Inspector General (OIG), using the OIG Claimant Referral Form available on the Workers' Compensation *intranet website*, or email the OIG *investigators* at oighotline@state.gov.
- f. Bureau coordinators, in coordination with supervisors, must monitor and ensure that employees return to work upon medical release in a timely fashion and keep a log of when employees stop work, number of days of missed work, and when the employee either returns to work full-time (unrestricted duty), or part-time (limited duty). Employees who fail to meet Department regulations or fail to document sufficiently medical absences with a comprehensive diagnosis and prognosis are subject to normal disciplinary action, which may lead to termination of employment.
- g. Bureau coordinators must be prepared to account for lost production days *or other goals in compliance with other DOL or Presidential Initiatives or Executive Orders (EOs)* in their central records and to minimize lost production days for each employee and total lost work time for the bureaus by facilitating the employee's return to work with reasonable accommodation *for written medical work restrictions* as necessary.
- h. Employees who no longer qualify as fully disabled must be removed from OWCP's periodic rolls and the OWCP Chargeback Report *by informing the appropriate OWCP District Office*. Employees who are placed on OWCP's compensation rolls for longer than *one (1)* year or 365 days due to a qualified disability, no longer have Department reemployment rights and bureaus should fill their staffing needs, as appropriate, by taking steps to remove the employee from bureau rolls if *there is no medical release or evidence the employee can return to work or there is no other suitable work for medical work restrictions*. *FECA* and 5 U.S.C. 8101-8193 requirements *must be* met to justify a termination *after one year FECA reemployment rights end* due to inability to perform. *Form SF-50, Notification of Personnel Action, is required to document OPF.*

3 FAH-1 H-3638 AND H-3639 UNASSIGNED